PEDIC SOCIETY ITEMS

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THE MAY MEETING.

Those members of the Pedic Society who were present at the May meeting had an opportunity of learning something new regarding the foot, and from the youngest member of the Society, Kenny Burnett.

The latter read a paper bearing on a case of weeping sinew of an extensor tendon of the foot which is printed in full elsewhere, and which it will pay every chiropodist to study, as, sooner or later, he may be called on to diagnose and treat a similar condition.

The most important fact that Dr. Burnett's lecture demonstrated was that the young men entering into the profession of chiropody are relying on their scientific knowledge of the foot, rather than on their skill with a razor or knife, to treat their patients for not only the corn or ingrown nail or wart, the objective symptoms of which can be recognized by almost any layman, but of the many hidden disorders which only a complete study of anatomy can acquaint a practitioner with.

We congratulate the young man on the excellence of his paper, and trust that he will favor us with more of the same kind. It is the aim of the Society to encourage its young members, as on them the future of chiropody depends. We hope that more of our young members will come forward with interesting papers relative to cases which have come under their notice.

After the business of the meeting was disposed of, a portly man, in a slouch hat, somewhat resembling Bwana Tumbo, was introduced as Prof. L. Water. The latter apparently was not a relative of H_2O, as shown by the color of his hands, although in manipulating a pack of cards be proved to be an expert. With George Erff's cologne-scented handkerchief tied over his eyes, he unfailingly called the card selected by the various members. Several other tricks of a mystifying character were performed, besides the famous mind-reading stunt.

After the professor had thoroughly puzzled the entire assemblage, a hat was passed for contributions.

"Now, professor, you're a mind-reader, tell us how much money is in the hat," said George Erff.

Quick as a flash, the professor said: "I'll take ten dollars for it." Then he added, as he pocketed the coin: "This is just carfare."

"You must live in Albany," said Irwin Mayer.

"I have nine children at home," apologetically said the professor.

"You must have been performing quite a few tricks at home," volunteered another member, amid a general laugh.

And so a very pleasant evening passed.

THE JUNE MEETING.

The June meeting of the Pedic Society had so many attractions that a large attendance resulted. Harry Dash Johnson, M. D., read a paper on "Nerves," which was subsequently discussed by Francis E. Knowles, M.D.

Then came a new departure—that of awarding certificates to those who had passed the Pedic examination in May. In a very appropriate speech, President Johnson presented the papers to each of the successful candidates. His advice and admonition was well worth heeding.

The Chairman of the Board of Examiners then gave the answers to the questions given at the last examination, after which refreshments were served in an anteroom.

The next meeting of the Society takes place on October 10, at the Grand Opera House.

PERSONAL AND PERTINENT.

Did McDonald ever tell you about the close shave he had—"yes, at the Waldorf?"

Did McDonald ever tell you about full-fledged Special Deputy Sheriff? Sh! Whisper! That bulky-looking lump under his coat-tail is a gun.

Did you know that Rudy Jantzen is building a suburban residence in Flushing? Yes, saw the plans and the two brass chandeliers which will ornament the dining-room.

Did you ever hear Ed. Walch tell the story of Sandy and the snuff, and George Erff the story of the decoy?

Did you know that a man who misses a single meeting of the Pedic Society misses an opportunity to learn something new?

Did you know that Max Nachbar is now in business for himself and located on Fifth avenue and Thirty-ninth street?

Did you know that oftentimes when an abscess dries up and doesn't granulate, it is due to poor circulation of the blood?

Did you know that in most of the small cities, chiropodists work by appointment only?

Did you know that good chiropodists, with New York State Licenses, are in demand all over the United States?

Did you know that a writer learns more from his manuscript than does a casual reader of standard authorities? So get busy, everybody, and write something for the Items.

Did you know that a clean office, a tidy appearance, and a polite manner means money in your pocket?

Did you notice what a swell dresser George Wedekind is? There is something about his appearance which is pleasing to the eye.

Did you pipe Joe Solomon at the meetings in his glad rags?

Did you ever see a better location for a chiropody office than that of Freddie Jasmund on Long Acre Square?

EXAMINATIONS.

The following is a list of those who passed the May examination:

Barbey, Philip, City.
Blair, J. J., Campgan, N. J.
Bruskin, Bernard, City.
Chapman, Grace M., Gloversville.
Calhahan, Thos. F., City.
Cohen, Sol., City.
Day, Rachel Abby, City.
Dardia, James J., City.
Ehrlich, Leo, City.
Eastman, Nina A., Elmira.
Fanning, Kezia J., Brooklyn.
Hurrell, Servington W., Rochester.
Johnson, Irene, City.
Kiernan, Katharine E., City.
Lonergan, Lily, Brooklyn.
Mould, Grace Denton, Middletown.
Martin, Geo. B., Brooklyn.
Nickerson, Sarah E., City.
Reiss, Alfred, City.
Reiss, Fred. T., City.
Sphoon, Chas. H., Buffalo.
Stahl, Frank Joseph, City.
Staley, Mary, Johnstown.
Weiner, Louis I., City.

The next examination will be held at the Grand Opera House, corner of Eighth avenue and 23rd street, on Tuesday evening, October 25th, at eight o'clock.

Those desiring to participate should notify Dr. R. P. Jantzen, 54 West 23d street, at least five days in advance.

THE NERVES OF THE FOOT.

Lecture Delivered by Harry Dash Johnson, M. D., at the June 1910 Meeting of The Pedic Society.

The nervous system is anatomically and physiologically distinct from all other organs and systems in the body. It receives impressions made upon the terminal branches of its sensory portion, and it conveys stimulus to parts, determining and regulating their actions; but its physiological properties are inherent, and it gives to tissues or organs their special excitability or the power of performing their particular office in the economy.

The nervous system connects into a co-ordinate organism all parts of the body. It is the medium through which all impressions are received. It animates all movements, it regulates movements, secretions, nutrition, calorifaction, and all the processes of organic life.

The nervous tissues of the body are composed of two great systems —the cerebro-spinal and the sympathetic; and each of these systems consists of a central organ or series of central organs, and of nerves which spread all over the body.

The cerebro-spinal system consists of the brain, the medulla oblongata and the spinal cord, with the nerves proceeding from them. The sympathetic system is made up primarily of a double chain of ganglia and communicating nerves which lie on either side of the vertebral column and extend throughout its entire length. This sympathetic system is connected with the cerebro-spinal system through the spinal nerves, although it has no direct connection with the brain. The general distribution of the sympathetic nerves is to the mucous membranes, to nonstriated muscular fibers, as in the muscular coats of the arteries.

One of the largest sympathetic ganglion is the solar plexus, which is made up of branches from the semi-luna ganglion, and the branches from the solar plexus are distributed to the intestines and other organs of digestion and elimination; so we find that this sympathetic system is principally concerned with the organs of nutrition, secretion and in the vascular system.

The cerebro-spinal system is subdivided into centers presiding over movements and ordinary sensation, and centers capable of receiving impressions connected with the special senses. As we have said, this system is made up of the brain, the spinal cord and the nerves arising from them.

We will not discuss the cranial nerves but the mode of origin and distribution of the spinal nerves is of interest to us. There are thirty-one nerves arising on either side of the spinal cord. Every spinal nerve arises from the cord by two roots, an anterior and a posterior root, which join shortly before emerging from the spinal canal. The posterior portion is sensory and the anterior root is motor; the combined nerves thus continued is of both sensory and motor properties; it now divides outside of the spinal canal into two branches, anterior and posterior.

Both these branches contain motor and sensory filaments, and are distributed respectively to the anterior and posterior parts of the body. The anterior branches are the larger and supply the limbs and all parts in front of the spinal column. These anterior branches unite to form plexuses of nerves for the different regions of the body. Those that go to the foot are formed in the lumbar plexus and the sacral plexus.

We see now that the cerebro-spinal nerves are made up of two kinds of fibers, motor and sensory, the motor fibers known as centrifugal, or efferent, carry impulses to the muscles from the centers, and excite muscular activity. The sensory fibers, known as centripital, or afferent conduct impressions from the periphery to the centers, which are appreciated either as ordinary sensation or pain.

Besides the function of transmitting sensation, the afferent nerves may conduct reflex or inhibitory impulses, and the motor or efferent nerves may control secretion, as in secretory nerves, or nutrition, as in the trophic nerves.

We find then, that all these spinal nerves are connected at one end with the central organs, the spinal cord and through it, the brain; and at the other end the motor nerves terminate in voluntary muscles; and the majority of the sensory nerves terminate in a plexus of fine fibers ending in

the corium in the form of touch corpuscles and pacinian bodies. These corpuscles are masses of nerve fibers held together by fibrous connective tissue, and are situated in the papillary layer of the derma, forming what is known as a sensory papillae.

As an example of this transmission of impulse by the nerves, take for instance a patient's foot and prick it with a sharp instrument. The sensory nerves immediately convey to the brain the sense of pain, and an impulse is instantly telegraphed through the motor nerves, which causes the muscles to contract, and the patient attempts to withdraw the foot from the environment of the sharp instrument. This all takes but a fraction of a second, as the efferent impulse travels about 110 feet in one second, and the afferent about 150 feet in the same period of time.

Reflex action is an action which results from a centripital nerve impulse passing to a nerve center in a ganglion, and there transforming to a centrifugal impulse passing to a muscle. Such an action may be simple and involve a single muscle, or be complex and involve many. The contraction of the pupil in the presence of light is a primary simple reflex action, while the act of walking is an acquired complex reflex action.

The nerves that supply the foot are named variously. On the dorsal surface we have the External or short Saphenous, the Musculo-Cutaneous, the Anterior Tibial and the Internal of long Saphenous. On the plantar surface is found the External and Internal Plantar nerves.

The external or short saphenous is a cutaneous branch of the popliteal nerve. It descends to the back of the calf in the furrow between the heads of the gastrocnemeous muscle to near the middle of the leg, where it perforates the fascia, and is joined by the peroneal communicating branch. It then descends in company with the short saphenous vein, running beneath the external malleolus forward to end in the skin on the outer side of the foot, communicating with the musculo-cutaneous, and furnishing the dorsal digital branch to the outer side of the little toe.

The musculo-cutaneous nerve arises from the peroneal nerve where it divides, forming this nerve and the Anterior Tibial. It descends between the peroneal muscle and the long digital extensor, and perforates the fascia in the lower fore part of the leg, where it divides into internal and external branches. The internal branch descends and is distributed to the inner part of the dorsum of the foot, communicating with filaments of the long saphenous nerve. It furnishes a dorsal digital branch to the inner side of the great toe, and another which divides into collateral digitals for the adjoining sides of the second and third toes. It further gives a communicating branch which reinforces the digital nerve from the anterior tibial which supplies the adjoining sides of the first and second toes. The external branch, smaller than the internal, descends and supplies the skin on the outer side of the dorsum of the foot. It terminates in a pair of dorsal digital branches which supply the collateral digitals to the adjoining sides of the outer three toes. The two terminal divisions of the musculo-cutaneous are variable in their arrangement, frequently not supplying the outer side of the little toe and the contiguous sides of the great and second toes.

The Anterior Tibial nerve, arising from the peroneal nerve, descends obliquely forward beneath the long digital extensor to the front of the interosseous membrane, where, joining the anterior tibial vessels, it accompanies them to the ankle and divides into external and internal branches. The nerve lies on the inner side of the vessels at the ankle joint, and there it gives off articular filaments to this joint. The internal branch follows the anterior tibial artery and dorsalis pedis artery to the first interosseous space, where it is joined by a branch of the musculo-cutaneous and ends in digital branches to the adjoining sides of the great and second toes. It gives filaments to the contiguous metatarso-phalangeal articulation and the interosseous muscles. The external branch turns outward across the tarsus beneath the short digital extensor, and is distributed to it and the articulations of the tarsus.

The Internal or Long Saphenous nerve is the largest branch of the Anterior Tibial Nerve and accompanies the femoral blood vessels in the thigh, at first lying to their out-

er side, gradually crossing to their front, and descending with them in the canal of the great abductor tendon. Leaving the vessels by piercing the canal, it continues down beneath the sartorius muscle to the inner side of the knee. It then accompanies the long saphenous vein down the inner side of the leg, and divides into two branches. Of these, one runs along the tibia to the inner ankle, and the other passes in front of the internal malleolus and runs along the inner side of the foot to the great toe.

The cutaneous branch of the Posterior Tibial nerve arises from near the heel, pierces the internal annular ligament of the ankle, and is distributed to the heel and the inner and back part of the foot.

The Posterior Tibial Nerve then terminates in the External and Internal Plantar nerves. The External Plantar is the smaller, and after passing through the depression on the internal surface of the Os Calcis, runs obliquely across the sole of the foot in company with the corresponding vessels, between the short digital and accessory flexors, to the interval between the former and minimi abductor, where it divides into superficial and deep branches. The superficial branch again divides into two digital branches; one runs along the outer side of the little toe, while the other ends in a collateral digital and goes to the contiguous sides of the fifth and fourth toes. The deep branch accompanies the external plantar vessels, and is distributed to the deep muscles on the outer side of the foot. The Internal Plantar Nerve is the larger, and appears as the continuation of the Posterior Tibial; it runs forward in the sole of the foot in company with the corresponding vessels. It passes above the Abductor Hallucis muscle, then between it and the short digital flexor, gives off the internal digital nerve of the great toe and divides into three common digital branches. These pass from under cover of the plantar fascia and near to the left of the toes divide into the collateral digital nerves of the adjacent sides of the inner four toes. The internal plantar nerve before dividing gives off muscular, communicating and cutaneous branches which supply the inner side of the foot.

H. D. JOHNSON, M. D.
The Belnord, 86th St. & B'way.

DIABETES MELLITUS.

By Wm. Ashton Kennedy.

One of the important things to know in the practice of Chiropody is, How to diagnose a case of Diabetes Mellitus.

Of course it is not for us as Chiropodists to treat such cases, but there are often persons afflicted with this disease who do not know it, and should have medical attention; and if we can make a diagnosis of such cases, and send them to a physician we are doing a humanitarian act; these cases frequently come to us for the treatment of various ailments of the feet, and occasionally a lesion will prove stubborn and will not heal as we expect it to, and there being a cause, we should endeavor to reach it; then again through accident in the treatment a lesion with hemorrhage might occur, and, in spite of antiseptic procedure, refuse to heal. Should this occur in cases that have advanced in life, look for Diabetes Mellitus, as it often happens that such cases terminate in gangrene, a condition for which we are very often blamed.

Diabetes Mellitus manifests itself most frequently between the ages of thirty and seventy, and is more common in males than females; the lesions found during a post-mortem examination are so varied that the condition which is really responsible for it is still undetermined.

There is another stage of the disease termed Diabetes Insipidus which is a chronic condition characterized by the excretion of large quantities of pale limpid urine of low specific gravity and usually free from albumen and sugar.

The constitutional disturbances of diabetes show loss of flesh and strength, a normal or subnormal temperature, an inordinate appetite, and an unquenchable thirst. The tongue is often fissured and beefy red, the muscles are sometimes the seat of painful cramps, and the skin is harsh and dry, and is frequently the seat of an intense itching.

Now, if you ever have under treatment a case with an infection or an open wound that shows a sluggish disposition to heal, especially on a person advanced in life, have the patient consult a physician as soon as possible.

THE ANNUAL MEETING OF THE CHIROPODISTS' SOCIETY OF PENNSYLVANIA.

Rah! Rah! Rah!
Rah! Rah! Rah!
Pennsylvania Railroad Dining Car!

On the evening of June 6th, the Chiropodists' Society of Pennsylvania, held their first annual meeting in Philadelphia. A month previous an invitation had been sent to some of the members of the Pedic Society to lend their presence, and that's how Elliott W. Johnson, George Erff, Maurice Marks, R. P. Jantzen, Joseph Renk and Alfred Joseph came to meet on the six o'clock express for Philadelphia.

Owing to the still hazy condition of the writer's mind some two days after the event, it is difficult to form a sequence of the occurrences which transpired in the city of Brotherly Love.

We remember very distinctly hearing a band play on the plaza of the City Hall, as we passed on our way to the meeting. We distinctly see the picture of a group of handsome men and women—the members of the Pennsylvania Chiropodists' Society.

We also recall listening to the business of the meeting, and the banquet at the New Windsor Hotel, where a substantial feast was partaken of. We even remember the speeches, notably that of the Hon. A. B. Eaton, Counsel to the Chiropodists' Society, which sounded the keynote of chiropodial advancement. It dwelt on the necessity of a college of chiropody before the profession could hope to take its place beside those of the medical and dental professions.

James Bennie, Josephine B. Watrous, E. W. Johnson and Alfred Joseph, also spoke, and Joseph Renk read a paper; and good old Arthur Sharp howled a song which woke up half the guests of the Windsor.

Then amidst the din of thunder and lightning and a downpour of rain, the affair came to an end.

PHILADELPHIA NOTES.

The following are a few of the mottoes which were tacked up on the walls of the reception room:

"Listen, if you must, to the other fellow's treatment, but use your own, it if suits you."

"Don't be too easily offended. We are not all perfect, you know."

"Hats off to the New York bunch."

"If only a chiropodist, demand respect."

"It is against the rules of the Society to bite off corns."

"Don't say you are what you are not."

"Don't be too critical of the other fellow. He may know more than you."

"Try and make friends—not enemies."

"Who was the first corn doctor? Adam."

"Don't blow too much—some one may know the truth."

The cafes in Quakertown are open all night. So convenient.

Johnson and Renk registered at the Bingham. Joseph registered an oath never to parade the town alone again in the wee sma' hours. He caught the 3.53 train at the North Phila station.

When the toastmaster called on Arthur B. Eaton, some wit remarked: "If he's eatin', let him eat."

The best thing in Philadelphia, according to one of our members, was the 12.14 train for New York. At any rate, Marks and Jantzen thought so, and acted accordingly.

Miss Watrous, of Wilkesbarre, takes a great interest in the Pennsylvania Chiropodists' Society. She is a regular attendant at the monthly meetings and reports the corn crop as being fair in her city.

Wonder if George Erff thinks Kennedy is a plagiarist.

It wasn't exactly Sharp's singing that drove Erff from the banquet hall in such a hurry. It was the latter's fear of missing the last train and being compelled to stay over-night.

"Are you a Mason?" said she.

"I am!" said he.

"I love to love a Mason, for a Mason never tells."

From soup to fillie was easy for Jantzen. But from Philly to Flushing! Whow!

Anna Illingworth has a very successful practice in the Real Estate Building.

A night-cap in Philadelphia doesn't taste like the New York stuff to a Gothamite.

Those Philadelphia chiros are a bunch of fine fellows. They left nothing undone to make us happy, and we thoroughly enjoyed ourselves.

Lambert, Williams, Bennie, Sharp, Kennedy, Lawrence, and, in fact, the whole Society, are a bunch of good fellows, and with Eaton to guide them along the straight legal path, will surely put the profession on a high plane in Pennsylvania.

Who slept with Renk?

Mesdames Ruppert and Purcell were among those present. Her many friends will be pleased to learn that the latter feels well.

PAPER READ AT BANQUET OF THE PENNSYLVANIA CHIROPODY SOCIETY.

By Joseph Renk.

Mr. President, Ladies and Gentlemen of the Chiropody Society of Pennsylvania:

In my brief career in this business, I have noticed many things which have acted as a drawback to the profession, the chief one of which has been a tendency on the part of the chiropodist to fake the public.

When any person, for money, fame, glory or his own personal aggrandizement, seeks to fool people by pretending to know or to do things which are beyond his ken, he must be classed as a faker pure and simple. Such a person soon loses the respect of his patients as well as that of his friends, and in a short time all the people in that particular profession are placed in the same category.

In order to make clear just what I mean to convey to you, I will cite a few instances. In New York there is a certain chiropodist whose office is equipped with an imposing array of medical machinery. A person, in search of relief from an aching corn, enters the office. A trim maid in a nurse's uniform, gets busy removing the shoes and stockings. A brief wait, and then the chiro enters. After the greetings are exchanged, the suave chiro begins questioning the patient. Say, for example, the patient is a woman who has done a day's shopping and is pale and tired, and before going home decides to have her corns cut. Here is the conversation which ensues before chiro has even looked at her feet.

"Madam, I see by certain never-failing symptons that you are of an extremely nervous disposition. The pallor of your face and the dark circles under your eyes indicate that you are afflicted with a disorder of the kidneys. In similar cases I have been very successful, because I prescribe no nauseating drugs of any kind, but rely rather on the newly-discovered violet ray treatment." (Here chiro turns a valve and takes up a glass tube which casts a violet light.) "This, you see is perfectly harmless and not painful at all. Allow me" (and he places the tube near her arm, permitting the warmth to come in contact therewith).

This line of glib talk, aided by a few stunts of sparkling electricity, or perhaps a treatment on a static machine, soon wins over the patient. The latter never knew she had a kidney disorder until chiro spoke of it. In truth, the lady was as sound as a dollar.

After discoursing on the various ills from which the lady suffers, but which exist only in the imagination of the chiro, he attends to the aching feet of the patient, and when the work is finished he charges her anywhere between $5 and $25. If the patient complains at the exorbitant fee, chiro points out to her the words "Foot Specialist," which adorn his signs and dwells on his superiority in the profession.

The outcome of the matter is that he gets his price, but the patient goes away feeling sore at having been buncoed, and deep down in her heart there is born a conviction that all chiropodists are swindlers and fakers, and that does no good to either your business nor to mine.

Now we will consider the case of the over-smart chiropodist, who, while his fee is just, should be classed as an alarmist. This fellow is forever looking for diseases such as diabetes in his patients, some of whom he succeeds in almost scaring to death. He will see a slight rash on the dorsum

of a patient's foot, and in a most aggravating manner begin asking questions.

Finally, he will request the patient to bring a specimen of his or her urine for analysis. Some medical friend has shown him how to make a superficial urinary analysis, and he is so anxious to demonstrate his knowledge to his patients, that he wastes considerable time in order to show off. If that same chiro would utilize his time in studying his profession not only he, but every one in the business would be far more benefitted thereby.

Then there is another species of chiropodist, the fellow that removes moles, warts, hairs, etc., from the face or neck. We all know that no chiropodist has any right to perform an operation anywhere else on the anatomy than on the feet or hands. Yet we find some who are ready to undertake the cure of conditions from which even noted skin specialists hesitate. Why, some years ago in New York City, there was a chiropodist who undertook gynecological cases. The medical society finally landed him in prison, and he died there. From persons who knew him, I learned that he was a good chiropodist. Another case of being too smart.

Now let us consider for a moment another species of chiropodist—the fellow that sells things to his patients. There are certain abuses which must be wiped out before chiropody can be placed on a high plane, and that is one of them. No high-class physician will vend merchandise to his patients, and, to my way of thinking, neither should a high-class chiropodist. So take your pick, either be a high-class chiro, or a low-down faker.

There is just one more point I desire to dwell on, and that is the tendency evinced by some chiropodists to exult over the crude work of their competitors. So that you may grasp my meaning, I will illustrate a case.

A certain old chiropodist learned chiropody in Germany, and his method of treating an ingrown nail consists of heating one end of a pair of pliers, grasping therewith the free end of the nail, and with a strong jerk, pulling out the entire nail. I need not tell you of the intense pain and suffering which his unfortunate patients undergo. Suffice it to say they never go back to him.

Of course his patients tell their friends of the chiro's crude barbarous methods, and that frightens them from having their feet treated by a chiropodist. Several times I have been called upon to dress the wounds inflicted by the old German, and I made up my mind to speak to him at the first opportunity, which I did.

I told him that his method of extracting ingrown nails wasn't doing any good to the profession, and asked him to modify his treatment to conform with the method adopted by the profession generally. I pointed out to him that the intense suffering he caused his patients was the means of scaring people from visiting a chiropodist; and instead of relieving pain, he was the means of adding thereto.

"If you don't tone down your treatment, you'll never get a patient more than once," I volunteered.

"Ah, that's just it," he replied.

"When I get through with him, he's cured forever. Ich bin ein Deutscher pfaelcher!"

Today that old fellow is still piking along in the same old way, occasionally getting a patient—but he gets them only once. One treatment suffices for a lifetime.

It is a waste of time to attempt to teach an old dog new tricks. You will find that where a chiropodist, through ignorance, is violating or opposing the best interests of the profession, a hint or suggestion from you will do much toward correcting his methods. We are all in business to make a living, and we want to see the profession of chiropody put on a high plane. And it is up to you to do your share. Don't talk about your competitor in a disparaging way. In other words, don't knock. Remember that

In men whom men condemn as ill
I find so much of goodness still;
In men whom men pronounce divine,
I find so much of sin and blot,
I hesitate to draw the line
Between the two where God has not.

GREEN SOAP.

It is made by the action of hydroxide of potassium on boiling linseed oil, combined with a little alcohol and water, becoming a soft, unctuous mass like vaseline. It has been in use for generations—for diseases of the scalp, dandruff, healing in every way. And to scrub the body.

THE RIGHT WAY TO BECOME A CHIROPODIST.

By Alfred Joseph.

Every little while I receive either a letter or a visit from some individual, who is desirous of becoming a chiropodist. Since being elected on the Examining Board, the requests for information and particulars have become so numerous that the replies take up quite some of my time. Therefore, in justice to myself and without being discourteous to inquirers, I will endeavor to incorporate in this article, all the information and necessary points which experience has taught me.

In the first place. I desire to say that of all the persons—both male and female—who begin the study of chiropody with a hope to enter the profession, not one-third are qualified or competent, and sooner or later come to realize that fact themselves, and, in deep despair, give up the attempt to become chiropodists, and seek other means of livelihood.

The reason for that is that they began wrong. What kind of a building could be erected on a poor foundation? That old saying "If your premises are wrong, your conclusions are bound to be so!" applies to chiropody as well as to other things.

I cannot begin to enumerate the many persons I discouraged from taking up the business of chiropody for a livelihood, by pointing out to them their shortcomings, such as lack of ability, education, and even personality.

On the other hand, in several instances, I suggested to persons who had no idea of taking up chiropody the advisability of studying and fitting themselves to enter the profession.

The man or woman who desires to become a successful chiropodist must have a fairly good general education for a foundation. With this as a starter, it is not difficult to store up the technical as well as practical knowledge which is so requisite to every good chiropodist.

But that is just what the majority of chiropody students lack—a good fundamental education. In seeking for information relative to beginning the study of chiropody they get into the hands of unprincipled persons who conduct fake schools, and are told that all a student requires to become a successful chiropodist is to learn the theoretical part, pass the Examination, and open an office.

It is easy to see that all the schools are looking for is the money. And they get it, too. Rosy word pictures are painted describing the success of this old-time chiropodist and that one. And they dwell on how many of their students have passed the examinations, but never point out a single instance in which one of those same students has made a success at chiropody. Why? Because, as I said before, their premises were wrong, and their conclusions had to be so.

Now, to those desirous of studying chiropody, I would say that the three necessary attributes which they must possess before commencing to study are: A good fundamental education, a liking for the business amounting to almost a fascination, and a painstaking and patient disposition. Without these, it is useless to hope to achieve success in the business of caring for the feet.

But is hard to make the average person believe that they do not possess the necessary qualifications. They invariably try to refute your argument by naming some old-time chiropodist whose office is crowded all day long. They argue something like this:

"I've known Dr. ——— for years; and if I haven't a better education than he, I'm greatly mistaken. Why can't I do what he has done?"

To point to the successful position of a man, without taking into consideration the trials and tribulations that were his lot before attaining that position, at once stamps a person as one of inferior mental calibre.

To advise an unqualified person not to study chiropody is a thankless task. In most cases, the recipient of the advice becomes possessed of the notion that you do not want him as a competitor, and no matter how good an argument you offer, the bound-to-be-a-chiropodist goes away more determined than ever to enter the profession.

I stated above that a good education, a liking for the business and a patient disposition are requisite to study chiropody. The first is needed to understand and digest the knowledge of the studies, such as anatomy, physiology, chemistry, therapeutics and minor surgery. The second is necessary to have, otherwise a beginner gets to abhor the work before he is

fairly launched in the profession. And the third is the one he will have to depend on to keep him in the business, after he gets there, because in all professions, a reputation must be established before you can hope for success; and in so doing, you will have to have patience, and more patience, and still more patience.

I write from experience, and of quite recent date. There are others, who will coincide with my statement, and will vouch that their successes did not come without great effort on their part. It was all work and no play to gain even a foothold.

In possession of the necessary qualifications, the next thing for a student to do is to place himself directly under the tuition of some competent practicing chiropodist, who can teach him the practical as well as theoretical part of the business. From such a man, he can rapidly learn how the various foot troubles should be treated, so that when the time arrives for him to attempt the actual practice, he will at least know how to go about it.

After he thoroughly understands the theoretical part of chiropody, the student should undergo the Pedic Examination and obtain a license to practice.

Many persons labor under the erroneous idea that a license and a set of instruments are all that they require to become chiropodists. That is not so. Almost any high school student could succeed in passing the Pedic Examination, but that would not make him a chiropodist.

With a license in his possession, the student should begin actual practice—not on the public, but on such of his friends as will permit him—and without compensation.

In the course of a few months, he will become accustomed to the use of his instruments and gain confidence enough in himself to cut corns and operate on ingrown nails successfully.

If he can then obtain a position as assistant to some busy chiropodist, he will learn more in a short time than he can by any other means.

When a chiropodist starts in business for himself, he has the greatest difficulty in making both ends meet. He has lots of time, and but few patients. And no matter how skillful an operator he may be, several years will elapse before he becomes established on a firm basis. The quality of his work is his best recommendation. Bearing this in mind, what chance has an unskilled operator trying to establish himself in the chiropody business?

Then there is another element which must be taken into consideration—that of personality, or personal magnetism.

Corns, being no respector of persons, grow on the feet of the rich as well as on those of the poor; on the educated, as well as the ignorant; and thus the chiropodist comes in contact with all classes of people. In order to be successful he must understand his patients, and cater to some extent to their whims and ideas.

An old and successful practitioner gave some excellent advice in this regard in the last Christmas Items. It is based on personal observation, and was responsible to a great degree for his immense success. Nothing heretofore has ever been published in these columns, which, if closely adhered to, will prove of more benefit to a chiropodist than those few mottoes. Read them once, twice, thrice—until every word is deeply engraved on your mind. Then follow them, and the success which rewarded the veteran will repeat in your favor.

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THE BOSTON "FOOT SPECIALIST."

How He Filches the Money from Public and Students Alike—He Catches Them Going and Coming.

About a year ago, a graduate nurse passed the Pedic examination with the good percentage of 92. Her papers showed that she had studied hard, her mentor being an old physician. She was very anxious to succeed in chiropody, as she was tired of nursing. Besides, her mother had been a successful chiropodist in New England some years before, and at her death had left a large practice, some part of which the daughter hoped to regain.

After Nurse obtained her license, she visited every so-called chiropody school in New York for the purpose of learning the practical part, and found that they were all frauds. She discovered that, for sums ranging from $25 to $100, each school was anxious to sell her a diploma, the same to be displayed in her office to prove that she was a thoroughly competent chiropodist.

She was making arrangements to learn from an old practitioner, when some one informed her that the place to learn the practical work was in Boston. So thither she went. There she found a chiropodist with a sign proclaiming him "Foot Specialist." The latter also conducted a school of chiropody, while his enterprising wife took the money from the foolish young women who expected to be taught manicuring, hair dressing, scalp and facial massage, etc.

When Nurse called on the philanthropic chiro (beg pardon "Foot Specialist"), he informed her that for $60 he would permit her to practice at twelve Friday night clinics, besides instructing her in the other studies. And that when she had qualified in the practical work, he would grant her a diploma. He talked well, and at last Nurse gave up her sixty. This gained her entrance to the Friday night clinics, where she and some other easy marks worked on the feet of some two dozen regular charity patients.

Of course the "Foot Specialist" was on the job, but he wasn't working any too hard. To make his work lighter, he had five slips of paper printed. These were headed "Prescription Blank No. 1, No. 2, up to No. 5." They were not given to the pupils, but were sold to them for 75 cents. More philanthropy.

The money-making methods of the Boston "Foot Specialist" are so picayune, that we publish in detail the prescription blanks as follows:

No. 1—BATH.

.....( ) Teaspoonful Carbolic Acid (95 per cent) in three (3) quarts of very hot water. Allow feet to remain in bath ten (10) minutes Take each night before retiring.

FOR RUBBING FEET.

Melt one (1) pound of Mutton Tallow (Kidney), strain into double boiler, then add one-half (½) pound of Gum Camphor, thoroughly broken up. Stir well until Camphor is melted, then pour into jars for use.

FOR INTERNAL USE. .. ..

One (1) dessert spoonful of Crab Orchard Water in one-quarter (¼) wineglassful of tepid water. Take just before breakfast and just before retiring each day.

Did you notice the heading "For Internal Use?" The "Foot Specialist" prescribes a mineral water for the cure of corns, ingrown nails and bunions. In the form of a suggestion, why not get the patients to bathe their feet in Crab Orchard Water?

Prescription Blank No. 2 contains the following:

FOOT BATH.

Three tablespoonfuls of Boracic Acid and three tablespoonfuls of Alum in three quarts of very hot water. Alternate with carbolic acid. Foot bath each night before retiring.

Prescription Blank No. 3 is as follows:

FOOT BATH.

Bathe your feet night and morning for about ten minutes in four quarts of hot water and three teaspoonfuls of sulphuric acid. Use clean stockings or sox every day. Never use the same shoes every day. Use foot powder and foot balm on feet every morning, also after bath.

Prescription Blank No. 4 is headed:

DRUGS.

Dr. Chiro's Soft Corn Cerate.
" " Exterminator.
" " Foot Balm
" " Roman Salve
" " Ichthyol Ointment.
" " Foot Powder

The above six remedies must be purchased from the "Foot Specialist," for which he charges $9.75. An examination of the drugs showed that the Soft Corn Cerate was nothing by Salicylic ointment; the Exterminator proved to be Nitrate of Silver; the Foot Balm resembled Mayonnaise dressing; the Roman Salve was vaseline; the foot powder just plain talcum. A competent druggist estimated the value of the outfit at seventy-five cents. And the "Foot Specialist" demands and receives $9.75 for it. It is not optional with the student whether or not to purchase the drugs. Before the latter is permitted to handle the feet of the charity patients, he or she must provide themselves with all the necessary drugs.

Blank No. 4 also contains the following list which may be procured at any drug store:

J. & J. Adhesive Plaster Z. O. 1 inch.
" " " " 1½ "
" " " " 3 "
" Absorbent Cotton.
Ethyl Chloride.
Ether.
Carbolic Acid, 95 per cent.
Boracic Acid.
Alum.
Nitrate of Silver Stick.
Solution Ferric Subsulphate.
Beau Brummell's Finger Nail Polish.
Hydroxone.
Lysol Solution 2 per cent.

There is another thing that each and every student must do before being permitted to operate, and that is to purchase an outfit of eleven hand-forged chiropody instruments from the "Foot Specialist," at the cost of $28.75. A far superior set may be procured for $10 elsewhere.

Thus far we have seen that a Boston Chiropody student, before even touching a foot, has the following expenses:

Tuition Fee	$60.00
Five Prescription Blanks	.75
Dr. Chiro's Drugs	9.75
" " Instruments	28.75
Total - -	$99.25

When we consider the above figures, we feel impelled to say to the Boston chiropody students: "Don't go to Boston and get skinned. Come to New York." They are almost as bad here, but they do at least give you a run for your money. They keep you running until you become disgusted and quit of your own volition.

Blank No. 5 contains a schedule of prices for Arch Supporters, Bunion Shields, etc., as follows:

Preliminary Props	$ 8.00	to	$25.75
Severe Props	10.75	to	57.75
Children's Props	6.00	to	25.50
Transverse Arch Brace	7.75	to	23.75
Bunion Levers	21.75	to	51.75
Bunion Braces	11.75	to	27.75
Bunion Shields	.50	to	3.75
Foot Harnesses	25.00	to	63.00

Robbers! Police! All along we thought that the New York Chiropodist who charged $40 for a pair of foot braces worth $2, was an artist. Since learning of the Boston "Foot Specialist's" charges we must acknowledge our error and relegate the New York Chiro to the Piker's Club.

If there's a sucker born every minute in New York, it must be that in Boston they arrive at the rate of two a minute.

When Nurse paid over her $60, she received a receipt therefor, stating that she was entitled to ten lessons in the five branches of toilet work and twelve lessons in chiropody. This was signed by the wife of the "Foot Specialist," who undoubtedly is the "boss."

Another source of graft or "rake-off" for the Boston "Foot Specialist" is the arrangement he has with a certain druggist. He will prescribe drugs to be mixed with the water for foot baths. And the patients have been compelled to pay several dollars for a boracic acid solution, which at most places can be purchased for five cents.

When a student has had twelve lessons, a certificate is awarded him or her, provided every provision has been complied with. The reverse side of the receipt contains the following four paragraphs:

"To receive endorsement on certificate, pupils must use the instruments, preparations, and appliances prescribed in the methods as taught by this school.

"No money refunded on tuition fees or deposits. Lessons can be taken within a reasonable length of time.

"We assist pupils to employment, if possible, but positions are not promised or guaranteed to anyone.

"All lessons are counted unless pupil is ill and notifies the teacher at once to that effect."

When Nurse received the receipt, she failed to notice the above paragraphs, but her attention was called to the fact that she must purchase her instruments before being permitted to operate. As she had her mother's outfit with her, she declined to pay the $28.75 demanded by the "Foot Specialist," for his special outfit, and put up such a stiff argument as caused the "Foot Specialist" to pay the $9.50 for drugs; but she did pay 75 cents for the five prescription blanks.

When the twelve chiropody lessons were completed, she could cut a corn about as well as a cow can speak Spanish. Thoroughly competent theoretically, she probably knows more about therapeutics and surgery than many chiropodists; but of what avail? She cannot hope to succeed in business until she has mastered the practical part, and no woman can go out and "pick up" the business, as can a man.

But for such in the predicament as Nurse finds herself there is relief in sight. An organization known as "The People's Pedicure Clinic" has been started. It has for its object the free treatment of foot troubles of deserving poor persons, at the same time producing a better and more competent class of chiropodists. In the clinic, the student of chiropody will be enabled to thoroughly learn the business. This in itself, augurs well for the public, and also for the profession.

The men comprising the Board of Directors are conscientious and have the best interests of the welfare of the community at heart. No doubt, when they come to it, measures will be adopted to abolish and drive out the fake chiropody schools, which, at their best, are only swindling institutions, all believing in the motto: "There's a sucker born every minute."

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CHIROPODISTS

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W. A. Moffit, H. P. Kenison, M. C. Macdonald, Geo. A. Jackson, all members of Massachusetts' Chiropody Association.

WHY HE DIDN'T STAND UP.

It was married men's night at the revival meeting.

"Let all you husbands who have any troubles on your mind stand up!" shouted the emotional preacher, at the height of his spasm.

Instantly every man in the church arose to his feet except one.

"Ah!" exclaimed the preacher, peering out at the sitter, who occupied a chair near the door and apart from the others. "You are one in a million."

"It ain't that," piped back this one helplessly, as the rest of the congregation turned to gaze suspiciously at him. "I can't get up, I'm paralyzed."

GENERAL CHIRO.

Army and navy druggists want commissions. With M. D.'s commanding war ships, don't see why the pharmacists are not entitled to recognition. In course of time there will, no doubt, be dentists commanding divisions and chiropodists directing army corps. —Telegram.

HER CHIROPODIST.

She was a middle-aged woman weighing close to 300 pounds, and her feet were adorned by several large corns.

"This is the first time I ever had me feet fixed away from home. When me husband was alive he attended to them."

"Was your husband a chiropodist?" asked the operator.

"No, begob, he was a harse-shoer."

FOR CHAPPED HANDS.

The best remedy for chapped hands is to sprinkle them with common corn-meal, while yet damp after washing, then rub briskly; those who have to do work which roughens hands will find that this simple remedy whitens and softens them wonderfully.

AN ANTIDOTE FOR POISON.

A poison of any conceivable description and degree of potency, swallowed intentionally or by accident, may be rendered harmless by swallowing two gills of sweet oil. The oil will neutralize every form of vegetable or mineral poison with which physicians are acquainted.

A THANKLESS TASK.

To the office of a well-known chiropodist there came one day a young man in search of advice. He had just succeeded in passing the theoretical examination and been given his certificate by the Pedic Society, and was very anxious to learn the practical part of chiropody.

The practitioner gave him the best advice, and after listening to the hard-luck tale of his caller, volunteered to show him everything that he could, even allowing him to be an observer when treating his patients. And all without compensation, for the chiropodist was one of those soft, easy marks, who, in times gone by, had been "up against" it himself, and knew what discouragement often led to.

So the young man, in order to be near his patron, took a furnished room in the same block.

Every night he hastened from work to the chiropodist's office, and for a month or so he saw the method of treating the different foot troubles.

At the expiration of that period, the young man thought he knew enough. He had never treated a foot, so one afternoon's work in a charitable institution was, in his judgment, sufficient for him.

The next move was to get some cards printed with "Dr." prefixing his name. These he distributed lavishly, but quietly. His benefactor was not again consulted about anything, for you see he had now opened in opposition, but all unknown to the chiropodist.

The latter even went out of his way, and asked the favor of some of his professional colleagues of allowing the young man to watch them treat cases.

Teach a stranger gratis, the way to successfully become a chiropodist, and you are nursing a future enemy.

So many chiropodists have been through the same experience, and have had the same results, not only with strangers, but with relatives, that it seems scarcely worth recording the incident.

If a person desires to learn chiropody and has not the funds to pay for tuition, let him seek other means of making a living. If he finds a generous chiropodist who for sympathy will teach him the business without renumeration, it means that in a short time another inferior chiropodist will be hanging out a shingle. And the Lord knows there are altogether too many of that kind in business now.

Those are the fellows that do all the harm to the profession. By their ignorance, inexperience, clumsiness and unprofessional conduct, they do more injury to the feet of the general public than the latter do by treating their own feet.

And after everything is said and done, why should any successful chiropodist teach anybody gratis? Why encourage competition? What's the use?

HELPFUL HINTS.

A five per cent solution of chromic acid will harden tender feet and stop the worst case of hyperidrosis and bromidrosis.

If your patient has a flat-foot or a fallen arch which requires a brace, tell him so, but do not procure it for him. Direct him to some reliable brace maker.

In treating an ingrown nail, first apply peroxide of hydrogen, allowing it to remain until bubbling ceases. Then syringe with a two-and-a-half per cent solution of carbolic acid, or a one-in-two-thousand bi-chloride of mercury solution (hot preferably). Do not spare your antiseptics.

To cure a soft corn, keep the toes apart, thus avoiding friction and pressure. A piece of thick felt or buckskin, adhered to the toe with Griswold's salve, and reinforced by means of adhesive plaster, will serve the purpose.

Chinosol is a non-poisonus and non-irritating antiseptic which may be used as a germicide under any and all circumstances by chiropodists.

Persons who have undergone a surgical operation will be apt to suffer pain in the legs and feet while walking, even for a year thereafter.

Instruct your patients to clean the webs between the toes with a wet towel every night. This tends to prevent fissured toe webs.

The best way to treat a wart on the hand is to render the surrounding area aseptic, and, with a sterile scissors, cut it off even with the skin, touching the base with a ten per cent nitrate of silver solution.

Hot water is a panacea for many foot troubles. It can do much good and no harm.

Keep your sterilizer in sight, and use it. Boil your instruments after every pus case, using a little soda to prevent tarnishing. Take no chances. Better be sure than sorry.

A high-power magnifying glass is a useful aid to the chiropodist.

After treating the feet, a little powder shaken between the toes, and rubbed over the whole foot, imparts a feeling of satisfaction to the patient.

Never attempt close cutting on the tender feet of old people or those afflicted with diabetes. Rather employ more shields.

In cases of ingrown nail, accompanied by proud flesh, treat the latter in accordance with the physical condition of your patient. If the person be weak, use burnt alum. If robust and full-blooded, snip off the proud flesh and apply actual cautery.

METHOD OF DETECTING INFECTION SIGNS.

When septicemia, or blood poisoning, results from a wound, the micrococci may be detected in the blood by a bacteriological test.

This test is in two stages—twenty-four hours for the first and twenty hours for the second. The first test is for the leucocytes, or white corpuscles, in the blood. They are called "eaters," the valiant little fighters that resist the invasion of disease germs and defend the body. Bacteriologists, in making the blood count look anxiously for leucocytes. In the normal blood there are from 6,000 to 10,000 leucocytes to a cubic millimeter. When there is disease and the leucocytes breed rapidly to resist the invasion of disease germs, the number rises rapidly to fifty, sixty or seventy thousand a cubic millimeter.

If the white corpuscles are found to be greatly increased in number that is a sign they are rallying to the defense of the blood. It is also the sign the blood is becoming infected.

The count for the leucocytes is made under a delicate, finely-ground piece of glasswork made only in Germany. On a space a quarter of an inch square there are plainly marked out 3,600 squares. The blood drop magnified in these squares, is then shifted forward and sideways under a powerful microscope and the count for the leucocytes and the polymorphonuclears is made. A dilution of one to one hundred is usually used in this instrument. The result is obtained by multiplying by the percentage of dilution.

The second stage of the blood test is to determine what kind of an infection is in the blood, if any—what breed or class of germs, in other words, is at work. It is not yet known whether the so-called germs are animal or vegetable.

The cultural test when taken in connection with the results of the blood count, will show definitely the presence of septicemia or of the more dreaded bacteremia.

In the first there is absorption of toxins or poisons into the blood through a specific sore. In bacteremia not only the toxins, but the diseased bacteria themselves are in the blood, showing that the powers of resistance of the body are gone. The presence of bacteremia is considered the death warrant.

The blood is composed of many living organisms. These have a liking for certain kinds of food, and on them they will grow. By their action on the food media, the doctors can determine their nature and classify them.

The germs found in the blood will be fed on agar, boullion, sugar, glucose, gelatin and milk. On these foods the germs will thrive and develop in vast quantities. They will then be sifted out and tried on other foods, and this process of examination will be continued until the bacteriologist has determined just what kinds of bacteria are alive in the blood. If there are no organisms in the blood, this is a decisive factor in determining the nature of the treatment to be followed.

WET FLOUR FOR BURNS.

The best remedy for burns I have ever used is flour slightly wet; take a cloth and put plenty of flour on it and wet slightly with cold water, then place it on the burn; you will feel almost instant relief; this remedy also keeps the worst burns from blistering.

AN INTERESTING CASE.

By Edwin K. Burnett.

Mr. President, Ladies and Gentlemen:

Some few weeks ago a case, which I deem of unusual interest, came under my notice, and although the case is one not strictly under the jurisdiction of the chiropodist you may nevertheless be called upon to advise in a similar condition.

Upon casually calling a friend of mine up on the phone he informed me he was under his doctor's care for a "sore foot," and naturally being interested in anything "sore" in connection with the pedal extremities, I inquired into the nature of his ailment, and asked the privilege of examining his disorder. At my solicitation he has very kindly and I think lucidly written a layman's account of this particular case, which I will read in full and follow his history with a short clinical diagnosis which I trust will make clear to you the exact conditions I observed at the various times I examined the case.

His paper is as follows:

The History of the MacLean Bump.

Treated by 1.—A Gray-haired Doctor.
2.—An Enterprising Surgeon.
3.—An Enthusiastic Chiropodist.

On Friday morning, the patient started for his office, feeling in the best of health and with his pedal extremities in the pink of condition.

Upon alighting from the elevated train, his foot hurt him somewhat, (left foot) but he thought nothing of it. It might have been merely a fold in the stocking, for the feeling.

However, as the morning wore on the foot became sorer and still more sore. It might be well to mention here that the center of the trouble lay right where the upper part of the shoe is seamed to the lower half, exactly on top of the foot—the instep, in other words.

When he went out to lunch on that memorable Friday (it should have been the thirteenth of the month) he could not bend his foot without a great deal of pain. Not an aching pain, but merely such a feeling as a boil or blister would produce.

Upon his return to the office the then Real Patient looked at the offending foot and discovered that it was swollen considerably, principally just back of the toes. At that time, however, no lump, bump, or abrasion was visible.

When the suffering hero of this "drule" reached his home that evening he found the foot swollen to nearly twice it normal size; no pain was in evidence, however, and as soon as the tightness of the shoe was removed, and the foot was kept raised, the patient was at much ease as if he had no foot at all.

"Ignorance was not bliss," in this case, so a physician was called about nine o'clock. At that time no hardness could be located in the swelling, although the doctor believed he could locate the center of the inflammation. Antiphlogistine was applied immediately and kept on with one or two changes until Sunday.

When the gray-haired doctor called on Sunday, the swelling in the foot was practically gone, and his fears that the trouble might be blood poisoning were allayed.

By this time, with the swelling reduced, a distinct lump could be plainly seen. The doctor still advised the continued use of the applications (too long to spell out) and expressed the opinion that the trouble might be a dislocated bone, etc.

That afternoon the successful chiropodist pondered over the now-famous MacLean bump. He will recall the conditions better than the patient can pen them.

Continued applications of the antiphlogistine were resumed and the patient kept off the foot as much as possible until Tuesday night, when the doctor called again.

Being merely a practitioner, of wide experience however, he urged that a surgeon be consulted and this was promptly done.

The surgeon pronounced the bump as a "Ganglion" or "Weeping Sinew." At that time he pressed the bump very hard, maltreated it shamefully in fact, and remarked that he could feel it give somewhat. He then strapped it very tight with strips of adhesive plaster and told the patient to go on to business.

He asked at the time if patient had ever suffered from a venereal disease; mentioning the fact that such swellings were often the after effects of the wild doings of foolhardy youths—but noting, however, that such were usually of slower growth than this had been.

Patient was then able to wear a

pump on that left foot. No pain was felt at any time, but shoe was left off simply because the pressure hurt.

For a week, patient went limpingly along. On Monday of the next week he visited the surgeon and he (the surgeon) again pressed and generally maltreated patient's bump, painted it with iodine, put little pieces of cotton over it, strapped it down tight again and sent the sufferer on his way.

No further action was taken until the enthusiastic chiropodist advised the use of petrogen of iodine on Saturday night of that week, (patient still wearing pumps).

Sunday night such application was made and patient rubbed bump vigorously, for perhaps fifteen minutes with the stuff, then strapped foot and went to bed. On Monday morning, he again rubbed foot with the iodine and strapped it up, still wearing pumps.

That evening bump was almost entirely gone—just a faint trace and still a little sensitive to pressure.

Tuesday morning patient put on shoe. He treated the foot two or three times with the petrogen of iodine keeping it strapped for nearly a week and wearing the shoe a little loose, because of the tenderness. However, the bump was entirely gone on that Tuesday morning, and today foot is again in normal condition.

If someone pressed now on patient's foot on spot where bump was, he could probably feel the pressure to a slight degree.

The writer wishes to take this opportunity to thank the chiropodist for his useful advice. Whether the massaging of the surgeon and patient had the desired effect or the use of the petrogen of iodine, he does not know. If anything is not clear, please write, call or phone, 1,000 Chelsea. Writer is now sleepy and the nurses fall him. He bids "good-night."

(Signed) W. MACLEAN.

The case first came under my observation the second day of the treatment with antiphlogistine. The whole dorsum of the foot from the metatarsal region forward to the base of the second phalanges was swollen, a more or less edematous condition existed throughout and the skin was shiny and hard in texture, with no opening or abrasion of any description on its free surface. Inflammation to any alarming extent was absent (the acute inflammatory symptoms having undoubtedly been reduced by the previous applications of antiphlogistine) although the region immediately overlying the metatarsophalangeal articulation of the third and fourth toes was slightly reddened and hot to the touch. Upon direct dorsal pressure this localized area was exquisitely sensitive, but pressure from the plantar surface brought no manifestation of pain.

After observing the various symptoms set down above, I proceeded to question the patient and learned that his physician had hinted at a possible dislocation. In pressing down into the inflamed area I found the tissues leathery to the touch and felt a small hard bump (which later on manifested itself on the surface from which the trouble undoubtedly eminated as the patient suffered severe pain upon pressure. I rather doubted the physician's suggestion of a dislocation as I easily flexed, extended, abducted and adducted the two toes involved perfectly normally and without the slightest pain to the patient which, I reasoned, could not be done were the bones in any way displaced or injured.

I had never encountered a condition of this sort before, so in summing up the clinical features presented, my line of reasoning was more a process of elimination.

1.—While the skin resembled closely a condition which would be present in a suppurative inflammation, my theory of an abscess formation was refuted by the absolute absence of throbbing or pain of any sort, except on direct pressure, which conditions would undeniably be present in a suppurative process.

2.—I could not place the blame for the disorder on the "overworked scapegoat," uric acid, or any specific history, for the patient absolutely denied ever having any specific ailment.

3.—The bone could in no way be displaced or injured for the movement of the toes was in no way impeded nor painful, and furthermore the patient had suffered no shock, jar or injury of any kind which would tend to bring about a dislocation. To my mind, the case presented a condition of bursitis, with possible involvement of the adjacent tissues, as I reasoned rupture or straining of the tendons or muscles could not take place either, without a distinct and

well remembered shock, which I was informed by the patient had not happened.

Some few days later the patient called me up and told me that the surgeon, whose consultation the physician had advised, had diagnosed the case as "Ganglion or Weeping Sinew." Concerning "Ganglion," Dr. E. M. Foote in his "Minor Surgery," writes the following:

"GANGLION."—There is a cystic tumor often found in the upper extremity, and especially about the wrist, which is called a ganglion. It consists of a fibrous capsule, intimately connected with the capsule of a joint, or with a tendon sheath, and a synovial lining, and it is filled with a thin, clear, sirupy fluid. Its cavity may or may not be continuous with the cavity of the joint or tendon sheath. The origin of a ganglion is a matter of dispute. Some observers believe that it is a true perina of the joint capsule, and others assert that it is a fibrous tumor, growing from the fibrous capsule of the joint or tendon sheath, the center of which undergoes degeneration and contains fluid; and that this degeneration may extend until the cavity of the joint is opened. The most common situation for a ganglion is the back of the wrist, in the space between the tendon of the long extensor of the thumb and the long extensor of the index finger, where it is intimately connected with the capsule of the joint, and later goes on to say that this condition may occur in the foot as well as in the hand, but is rare.

* * * * * * * * * *

I flattered myself that although I was not familiar with the terms, "Ganglion" or Weeping Sinew," I was not far wrong in my diagnosis.

The following day I called on the patient and found him still limping to some extent. I examined the foot and found no inflammation nor swelling, with the exception of the localized "bump" the patient speaks of. The stain of the surgeon's application of iodine was still visible and that brought to my recollection an article in the September 1908 issue of the Pedic Items in which Petrogen of Iodine was recommended by Dr. E. W. Johnson, as an efficacious application in various superficial and deeper inflammations. As the patient claims, he had obtained no further relief from the surgeon's treatment, I decided it was a good opportunity to try a remedy advised by an old and experienced practitioner, and suggested the patient get a bottle of 10 per cent solution. The result of its application is well set forth in his own history of the case. Later, I made it a point to get in touch with the surgeon and obtained from him some details of the case, asking him especially the etiology. He cited the usual causations, which were mentioned in the above paragraph from Dr. Foote's treatise on the subject, but mentioned that in this particular case he was somewhat at sea regarding the true etiology of the patient's condition.

The patient is rather doubtful just which of the three treatments accorded was the successful one. "The grey-haired physician's," "the enterprising surgeon's" or "the enthusiastic chiropodist's." I should say they all had a share in the ultimate result. The antiphlogistine advised by the physician removed all the primary inflammatory conditions, the swelling, edema, etc., the pressure of the surgeon followed by the tight strapping with adhesive strips is spoken of by Dr. Foote, as a possible treatment to disburse the sac contents and allow its walls to close together; and the last treatment, the application of Petrogen of Iodine, undoubtedly aided the final distribution and ultimate absorption of the fluid contents into the tissues, allowing them in their physiological manner to throw off the debris as excrementitious material.

In conclusion I wish to say I am satisfied that Petrogen of Iodine is an efficacious application for simple, non-specific inflammations, both of a superficial and deeper character. I have made several applications on various conditions since, and have been rewarded with gratifying results. The compound Petrogen forms a non-irritating and highly penetrating medium for the application of iodine, allowing it to be more quickly absorbed into the tissues, unaccompanied by the cutaneous irritation which often follows the continued application of the tincture.

Ladies and Gentlemen, I thank you for the courtesy afforded me in placing before the Society this, my maiden attempt, of a case which was of unusual interest to myself, and which I trust in its small way has proved interesting and instructive to you. I thank you.

PEDICURES AND MANICURES.

The incorporation of the People's Pedicure Clinic by a number of charitably disposed podophilists in the interests and for the relief of the poor, marks another step forward in New York's public provisions for outdoor patients. An eminent chiropodist will be the suregon in charge and he is to have a corps of assistants; the poor are to be treated free, and the clinic to be maintained entirely by voluntary contributions. The object of the institution, as stated in the papers of incorporation, is "to render surgical aid and relief to the worthy poor of the City of New York in the treatment of various ailments affecting the feet."

While every physician knows that the free clinic is greatly abused by persons able to pay for medical attendance, who would be ashamed to ask for charity from any except a medical institution, yet the Pedicure Clinic must prove of great actual value to a large number of persons who are unable to pay for treatment which they actually need. How many men and women are obliged to stand for long hours in a shop or a factory who suffer greatly from the lack of intelligent care of their feet? Bad shoes are the foundation cause of much trouble. How many broken arches and slight malformations, left without attention, make men permanently crippled? The Pedicure Clinic is bound to do a very worthy work.

But the suggestion might be made, not importunately yet as inviting discussion, that a manicure clinic should also be opened. Indeed, the actual need of such an institution is more evident, in the very nature of things, than of the pedicure clinic, as everybody must have noticed who observes the general appearance of the hands holding straps in subway or trolley cars, not even distantly to allude to the appearance of the hand extended for fares, in such conveyances as still collect their money by hand. And besides these urgent cases, there are a vast number of persons, some of them young men in whom it is important to form habits of a nicety in personal desquamation which may not occur to heedless youth unprompted by an enlightened public opinion; and for their sake alone it would be desirable to establish a manicure clinic, where, at numerous small tables with simple, yet hygienic oilcloth tops, professionally coiffed young ladies should give a modest yet decent trimming and polishing to their claws, and do what lies in them, and in a small basin of water, to remove an appreciable part of the foreign matter which is accumulated in the daily process of scratching for a livelihood.

The whole subject of pedicuring and manicuring is suffused with a suggestion which only a deep devotion to scientific progress and social necessity can render endurable in the briefest mention. Only by such sturdy self-sacrifice is the world made better; only by main strength is the individual to be saved from himself.

—N. Y. Evening Sun.

PEDICURE CLINIC.

Relief Planned for Foot-Sore New Yorkers.

Albany, May 20.—A brand new institution proposes to rescue suffering New Yorkers from such painful ills as corns, bunions and ingrowing nails. If the good intentions of this organization, which seeks to be incorporated under the name of the People's Pedicure Clinic of New York City, are realized and its incorporation papers approved, New York City will have a unique institution, and one which the afflicted may truly welcome and pronounce blessed.

The proposed clinic, which sent its papers to the State Board of Charities today, is to be supported by voluntary contributions from the charity giving public. The directors are: Joseph P. Solomon of Flushing; James B. Wasson, J. M. Bruce, George Erff, Otto S. Sjogren and Herman Aarons of New York; Elliott W. Johnson of South Orange, N. J., and George M. Wedekind of Brooklyn.

It is understood that the clinic will open its doors to the worthy poor of New York City who are limping about the streets growling from corns and bunions and ingrowing nails, and provide as much happiness for them as a half dozen foundation funds could for others who are poor, but who are not half as unfortunate as those who suffer from both poverty and bad feet. The incorporation papers will undoubtedly be approved

HOW TO PREVENT COLD FEET IN WINTER.

Thin blood is often the cause of cold extremities during the winter and the remedy for this as a rule means a visit to the physician.

When it comes to local applications both for hands and feet, the following suggestions will help to lessen the discomfort. In the first place, both extremities must be rubbed and exercised twice a day. This will set the blood running more briskly through the chilled parts and make warmth. There is no better exercise for the hands than to shake them briskly from the wrists, but the fingers must be devitalized, that is, made quite limp, or the movements will not help.

"Devitalize" is to make lifeless, and as soon as this is done the fingers can be shaken as though they were strips of cloth. In this motion one will feel the thumb strike the fingers and the fingers hit against each other. Of course, the hand is held out from the body, the arm to the wrist being stiff and shaking is done for several minutes, first with one hand and then with the other.

Afterwards the hands are rubbed together briskly, each finger being worked separately. This should be repeated several times during the day.

It is useless to put the hands into hot water, for it only reddens them, causing them to swell and the warmth imparted is not permanent.

When going into the street the most protection that can be given them is by putting on a loose pair of kid gloves (looseness being in order that circulation shall not be impeded) and drawing over them another pair of woolen or some extremely thick fabric. This will keep the fingers warmer than will the use of a muff. Woolen gloves alone are useless, for so porous are they that the warmth they generate escapes and the skin becomes chapped. Kid should always be worn beneath woolen gloves.

For the feet there are local applications which will stimulate warmth. The best exercise is to twist the foot in all directions from the ankle. The twisting in all directions and thrusting out the toes will do much toward stimulating the blood. After that, morning and night, a thorough rubbing with turpentine will be warming for the application brings the blood to the surface.

IODINE.

Tincture of iodine was freely used in the Japanese war and was a big success in wounds. And the goodness, of the iodine wound cure is beaten only by the ease and quickness with which it can be used. All due to that powerful, penetrating power of tincture of iodine. Walther proves that in seven minutes after it is brushed on the palm of the hand the skin of the palm is perfectly, absolutely free from germs.

Professor Reclus, at the last meeting of the Academy of Medicine of Paris, said in every ambulance, train, railway station or big contract work there should be a fresh flask of tincture of iodine—one part iodine crystals to nine parts of alcohol—which should be renewed every week. Paint the fresh flesh wound freely with French strength tincture of iodine. Let it dry. Then cover with aseptic cotton and bandage. On the evening of the next day repeat and bandage as before. And thereafter paint at still longer intervals until it is not repainted for three or four days. Reclus says French tincture of iodine over eight days old is N. G., and irritating. Fresh tincture smarts only a little bit. This method is a veritable revolution to ambulance badhand cases, for it is simply hell to the patient to clean off and sterilize a dirty, grimy, greasy, badly-mashed hand, fingers, or thumb. Here the iodine does the work like a flash of sunlight.

One of the most dangerous labors on the field of battle has been that of the ambulance corps. All that seems necessary now is for the ambulance corps to have a gallon or so of tincture of iodine strapped upon the back and a rubber nozzle from it. Then the ambulance corps can spurt a doze of tincture around the oozing entrance and exit of every bullet hole they find. Then let the wounded lie perfectly still until the battle is over, as Esmarch advised, for it is a great mistake in most gunshot injuries to be hustling and jostling the wounded before the blood has clotted and settled and stopped bleeding in the wound. It seems inhuman, but most wounded do best left quiet on the field, for several or even twelve hours, that is, if not too cold, hot or wet.

WHY WATER WE DRINK IS NEVER QUITE PURE.

How Nature Employs Small Fish, Plants, Sunlight and Oxygen in Operating a Marvellous Filteration System.

Absolutely pure water is something that nature never provides for us, for very excellent reasons, writes Prof. John Phin, in the N. Y. World. The water we use contains impurities of varying degrees, from the poisonous liquids of sewage and contaminated streams and ponds to the sparkling and refreshing springs which afford such pleasant drink to the thirsty traveller.

Pure water is to be found only in the laboratory of the chemist, and it is quite tasteless and insipid. The pleasant drinking water which gushes from the hillside and which makes a well so valuable always contains foreign matters, both gaseous and mineral, most of these being decidedly deleterious. Consequently the search of those who seek water for domestic purposes is always directed to the obtaining of good water rather than of water that is absolutely pure.

All the fresh water found in our lakes, streams and springs is derived from rain. The earth with its clouds is really a gigantic still in which water is raised from land and ocean to the sky and is then precipitated in the form of dew, rain, hail and snow. That which falls on land is partly raised again by evaporation, while another part sinks into the ground and reappears as springs and wells or flows in rivers to the ocean from which much of it originally came, and during its passage from the clouds to the ocean it takes up solid and gaseous matters which enable it to supply certain important requirements of plants and animals. In passing through the air it takes up carbonic acid, oxygen, ammonia and other things and removes some of the impurities which exist in the atmosphere and carries them to places where they serve as food for plants.

When we stand on the seashore and watch a snowstorm or a heavy downpour of rain falling upon the the impurities which exist in the addition of so much water to the depths which are already there were a waste of energy and of material. But when we reflect that every drop of rain and every snowflake carries with it the necessary food for the plants which support the animal life that exists in the great deep, we see that nature is a series of wonderful compensations and marvellous adjustments, and that it is through these compensations and adjustments that our rivers, ponds and lakes are kept in a great measure pure, often in spite of the contaminating acts of men and other animals.

The process by which this is accomplished is an exteremely interesting one, and in these days when the question of an abundant supply of good water is forcing itself upon the attention of many communities and individuals it has a practical side as well.

The most interesting scientific discovery ever made in relation to animal and vegetable life was undoubtedly the revelation of their opposite and compensating actions upon the gases of the atmosphere. Like all other great discoveries and inventions, this was not made at a single step; It was developed gradually and in its complete form it was the result of the labors of many workers. It began with the discovery of carbonic acid by Black and of the presence of oxygen in the vesicles of seaweed by Davy, and then it was further found that animals inhale oxygen and expire carbonic acid while plants absorb carbonic acid and give off oxygen.

That which is true of terrestrial plants and animals is also true of those which inhabit the water. An instructive example of this may be seen in any well balanced aquarium where the fish and other animals live upon the plants and breathe the oxygen which the plants produce when, by the influence of sunlight, they decompose the carbonic acid that is found in the breath of the fishes, keeping the carbon to build up their own tissues and throwing out oxygen to enable the animals to breathe.

The plant, through its roots and perhaps its leaves, absorbs the dead soluble matter which has been produced by decaying animal and vegetable matter and also such soluble mineral matter as it may require and which happens to be present. It also absorbs and decomposes the carbonic acid that it finds in solution in the water, and in this way we have a continual round of changes and compensations.

We are now prepared to examine

the changes which occur in a foul pool which has been contaminated perhaps by the decaying carcass of some large animal. The first step toward its purification will be the growth of plants, not only those which root themselves in the soil at the bottom and sides of the pool, but those which float about freely both on the surface and in the body of the water. Many of the latter class, and some of the most effective, are microscopic—so small that they cannot be seen by the naked eye. But what they lack in size they make up in numbers. Others form a green mat, each plant sending down its tiny roots into the water, absorbing the soluble decaying matter and using it to build up clean vegetable tissue.

It is chiefly through the agency of plant life that offensive matter is gradually removed and converted into vegetable tissue and oxygen. And here it may be well to note a singular but very prevalent fallacy in regard to the green scum which is so often seen on filthy pools. It is no uncommon thing to hear the scum blamed for the filth, the owner of the pond being urged to remove it and "let daylight into the water." Now, daylight is a very good thing, and it acts as a most efficient cleanser, but it does so most thoroughly when it acts through the medium of active plant growth. Falling on the green plants which form the scum, sunlight accomplishes many times the purifying work that it can do when it merely passes through the water and is absorbed by the black mud at the bottom. In all such cases equatic plants of every kind, from the offensive green scum to the beautiful water lily, grow and flourish because the water is so filthy that it affords them the nourishment that they require. The filthy water is the cause of the plant growth, the plant growth is not the cause of the filthy water. It is nature's effort to utilize matter which otherwise would not only be useless but deleterious. And remember that the moist dirt or filth is not essentially evil. It is only matter in the wrong place. Put it in the right place and it will do good work, building up most effectively delicious vegetables, like celery, asparagus and fruits like strawberries and raspberries.

In this connection, a point which deserves special attention is the fact that the oxygen given off by plants under the influence of sunlight is in a peculiar condition known as the nascent state. Oxygen in this condition is much more active than ordinary oxygen. This is well shown by its bleaching power when fabrics are spread on a fresh grass plot in bright sunlight. Every washerwoman knows that an hour's sunshine aided by a good grass plot will do more in the way of bleaching linen than half a day's sunshine when the clothes are hung on the line. Now, as fast as the oxygen is liberated by the plant it is dissolved in the water and oxidizes or destroys most of the organic impurities present.

A very important characteristic of this dissolved oxygen is that it seems to be destructive to bacteria and microbes. Whether this result is due to the removal of the food of these organisms or to a positive deleterious action upon them may be a debatable question; the probability is that it acts in both directions. So obvious is this action, however, that it has been claimed that if a quantity of sewage be poured into a stream of sufficient size, it will all disappear in the course of a two or three-mile flow.

Most aquatic insect larve subsist upon the microscopic plants which they find in the water they inhabit, although some of them, such as those of the dragon fly, are fiercely carnivorous. They tend by the decay of their dead bodies to render the water impure, and where man exercises any control they should be kept down as far as possible.

The best assistance in this direction are small fish. Large fish are utterly worthless for this purpose, as they are not sufficiently active and they prefer larger game than small larvae. Indeed, the food of most of the large fish consists chiefly of small fish—sometimes those of their own species. A few dozen minnows from one to three inches in length will exterminate all the mosquito larvae in a good sized pond and will do little toward defiling the water. But a dozen perch or two or three pickerel will soon eat up the minnows and allow the mosquito larvae to mature without let or hindrance. The guardians of reservoirs and ponds for water supply make a great mistake when they protect the large fish in such waters. Such fish ought to be mercilessly exterminated and the small fish should be protected.

ANTISEPSIS VS. ASEPSIS.

These two methods of treating wounds and conducting surgical operations are identical in purpose and results. They both aim at protection of the tissues from infection. In the antiseptic method actively germicidal solutions are used upon the cut surfaces, while the aseptic surgeon employs solutions not themselves germicidal, but which have been previously freed from all infectious material by some method of sterilization.

The objection of the first of these procedures arose from the observation that active antiseptics are, as a rule, irritant to the tissues themselves and tend to weaken somewhat their resisting and recuperative power. These facts led to the modification now known as aseptic surgery. The aseptic method is applicable to operations in which the tissues themselves are in a wholesome condition. Where the latter are infected, as a result of the disease, antiseptics are still the rule.

When the aseptic method was first proposed it met with considerable antagonism from surgeons, but is now generally preferred to the older system introduced by Lister. There are, however, surgeons who still swear by antiseptic surgery. One of the leaders of the profession in London uses it in the hospital over which he reigns and his operative statistics, which were published a few months ago during a medical controversy as to the relative merits of asepsis and antisepsis, were as good—indeed, slightly better, according in our recollection—than those from any of the aseptic hospitals.

The facts seem to be that the two methods differ very little in practical results in the average run of cases. Sometimes strong antiseptics are necessary; in other conditions they somewhat retard the normal processes of repair, and better results may be obtained without them.

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VETERAN PEDESTRIAN TELLS HOW HE KEEPS HIS FEET IN CONDITION.

I bathe my feet in salt water once or twice a week, when I come in from walking or in the morning, and I am very careful to wipe them thoroughly dry. Also once a week I bathe them with a common extract to take out the fever or inflammation.

Twice a week, when I come in from walking, I dip my feet in water that is not cold or warm. About the temperature of the atmosphere is right. Afterward I wipe them again softly and dry them well.

I do not wash them oftener than that, unless to keep them clean when I have come in after a particularly hot and dusty day. I always keep the whole body clean by bathing, and the feet especially.

The shoe is a very important part of walking—in fact, the shoe does the walking and the foot guides it as it walks. My shoes are of stout leather and made to fit the foot perfectly, and are not the light, holiday footwear of the giddy youths. They are not heavy, though, possibly weighing two and a half pounds each.

It is hard to tell a million sore-footed New Yorkers how to care for their individual feet. But what I have said may help some of them.

My own feet after a thirty-five hundred mile walk are my best proof of the good in my method. Aside from my injured ankle, they are as perfect as when I started and a whole lot stronger.—Edward Payson Weston.

SUMMER SORENESS OF FEET.

Hot weather drives many sore, scalded, painful feet to some sort of shifty footwear. The rubber-soled sneaker shoe is a villainous thing. It feels delightful, but after several weeks of its tender protection the skin, nerves and muscles of the feet get too soft and tender for any use, and the poor fellow goes hippity hoppity for weeks like an old frost-footed rooster. If summer soreness sets in give the feet a cold water bath and an alcohol or bay rum rub off at bedtime. This also greatly cools and refreshes and aids midsummer night sleep.

It takes a good horse to win after being left at the post. But the thing has been done time and again.

WAYS OF INFECTION.

A cut or scratch is the gateway through which dangerous disease germs enter the body. When a dirty knife, a rusty needle, a splinter or a glass scratches, the finger or other parts may be inoculated with germs. In a short time the finger becomes hot and throbs. It will be painful to touch and swell all round the injury. A little later the wound may exhibit a whitish appearance in the middle of the swelling, and we have what is known as a festering or poisoned finger. Again, the poison may spread or inflammation may set up in the whole arm, which is rendered useless, and then bacteria may work its way through the whole system, finally causing death. The only way to avoid such serious results is immediately to apply whiskey or some antiseptic and germ-killer, which should be always kept on hand. Then have a doctor as soon as possible dress it surgically.

WOMEN'S FEET IN CHINA.

It has been stated frequently during the last year or two that the practice of artifically deforming women's feet is dying out in China. This strange method of beautification, differing only in degree from the practice, not unknown among white women, of wearing leather shoes several sizes too small for the foot, has been for many years practically universal among the Chinese women. The ruling race of the country, has, it is said, never practiced it. Despite the work of the anti-foot binding society, says a European traveler now in China, fully 95 per cent. of the Chinese women still present mutilated feet. Imperial edicts have been launched against the practice and may eventually drive it out of use, but as yet little improvement is apparent.

STUDY YOUR PROFESSION.

Do you desire to excel in Chiropody? Do you want to learn how many diseases of the foot should be treated? If you do, study the "Text-Book of Minor Surgery," by Edward Milton Foote, A.M., M.D. There are 750 pages with 407 engravings from original drawings and photographs. The price is $5.00. The volume can be obtained from Dr. Max Nachbar, 437 Fifth Avenue, New York.

EVER MEET THAT KIND?

Did you ever meet a chiro
In the course of all your life
Who wasn't talking "shop," or of
His great skill with the knife?
For an hour or two he keeps it up
Without a breathing spell,
Now tell the truth, ain't it awful?
Don't you wish he were in Kalamazoo?

ACCOMMODATING NIGHT CLERK.

Up to the night clerk's desk goes Abe Perlmutter, a Chicago traveling man, says Success. "I wonder," he says, "could you find me somebody to play a game of pinochle for an hour or two to-night?"

"Why," said the clerk, "I guess so," and he runs his eye over the register. "Boy," he calls, "page Mr. Gutwillig." Before long Mr. Gutwillig is found and introduced to the pinochle-hungry Perlmutter, and a game is arranged. "How did you know I played pinochle?" Mr. Gutwillig asks the clerk. "Oh, I"—begins the clerk. Just then emerges from the bar a young man, triple-plied with wine. He staggers up to the desk and says: "Shay, I wanna fight! D'ye hear? I'm lookin' f'r a scrap!"

Thus the clerk: "Boy, page Mr. Kelly and Mr. O'Brien."

Frank Steinhardt, the general manager of the Havana, Electric Railway, has introduced many unique features. The employees are provided with comfortable quarters, including baths, and perfect sanitary arrangements at a moderate cost. The services of three doctors, an oculist, a dentist and a chiropodist are free to every employee.

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